

## Budget Amendment Request Form

### For Budget Office Use Only

Date of Request: March

From: Animal Services/Misty Brown/ 7293  
(Department Name / Contact Name / Phone)

\_\_\_\_ Court \_\_\_\_ Non-Court

FY \_\_\_\_ Seq. No. \_\_\_\_

Approved by: \_\_\_\_ Date: \_\_\_\_

Budget Account to Receive Budget Amendment: \_\_\_\_\_ New ☒ Existing

Project Code to Receive Amendment: \_\_\_\_\_ New \_\_\_\_\_ Existing

### TO Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>507-8302-645.65-83</u>	<u>Spay/Neuter Clinic/Animal Care</u>		<u>\$5,713.00</u>

TO Total: \$5,713.00

### FROM Account Information:

Line Item Number	Line Item Description	Project Code	Amount
<u>507-0000-251.00-00</u>			<u>\$5,713.00</u>

FROM Total: \$5,713.00

### Purpose for Request:

Funding from donations received and deposited from February 26, 2013 to March 19, 2013 that is needed for the low income spay/neuter clinic.

\_\_\_\_\_  
Elected Official / Department Head